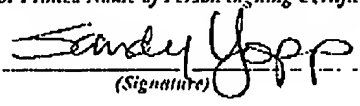
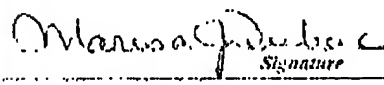


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 030392 / BLL-0126
Applicant(s): Samuel Zellner			
Application No. 10/713,939	Filing Date November 13, 2003	Examiner Charles T. Shedrick	Group Art Unit 2687
Invention: A METHOD, SYSTEM, AND STORAGE MEDIUM FOR PROVIDING COMPREHENSIVE ORIGINATOR IDENTIFICATION SERVICES			
<div style="text-align: right;">RECEIVED CENTRAL FAX CENTER NOV 22 2005</div> <p>I hereby certify that this Amendment Transmittal (1 pg); Amendment (15 pgs) (Identify type of correspondence)</p> <p>Is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 571-273-8300)</p> <p>on November 22, 2005 (Date)</p> <div style="text-align: right;"><p>Sandy Yopp (Typed or Printed Name of Person Signing Certificate)</p><p> (Signature)</p></div> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 030392 / B1.L-0126	
Applicant(s): Samuel Zellner						
Application No. 10/713,939	Filing Date November 13, 2003	Examiner Charles T. Shedrick	Customer No. 36192	Group Art Unit 2687	Confirmation No. 4821	
Invention: A METHOD, SYSTEM, AND STORAGE MEDIUM FOR PROVIDING COMPREHENSIVE ORIGINATOR IDENTIFICATION SERVICES						
<u>COMMISSIONER FOR PATENTS:</u>					RECEIVED CENTRAL FAX CENTER NOV 22 2005	
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	22 -	20 =	2	x \$50.00	\$100.00	
INDEP. CLAIMS	3 -	4 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$100.00	
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 06-1130 in the amount of \$100.00 <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Marisa J. Dubuc Registration No. 46,673 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 Phone: 860-286-2929 Fax: 860-286-0115			Dated: November 22, 2005			
CC:			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)			
			Signature of Person Mailing Correspondence			
			Typed or Printed Name of Person Mailing Correspondence			

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NOV 22 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Samuel Zellner)
Serial No.: 10/713,939) Group Art Unit: 2687
Filed: November 13, 2003) Examiner: Charles T. Shedrick
For: A METHOD, SYSTEM, AND STORAGE) Confirmation No: 4821
MEDIUM FOR PROVIDING)
COMPREHENSIVE ORIGINATOR)
IDENTIFICATION SERVICES)

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In response to the Office Action dated August 25, 2005, the Applicant submits the following amendment and remarks for entry in the above-entitled application.

11/23/2005 SFELEKE1 00000068 061130 10713939

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